

Acceptable Use of Network Services and the Internet

South Carolina Department of Disabilities and Special Needs

- I acknowledge that I have received a copy of the Acceptable Use of Network Services and the Internet policy.
- I acknowledge that I have read and understand the Acceptable Use of Network Services and the Internet policy.
- I authorize the Department of Disabilities and Special Needs (DDSN) staff to monitor any communications to or from myself on the DDSN network and internet.
- I understand that any violation of the provisions in the Acceptable Use of Network Services and the Internet policy is subject to the disciplinary action in accordance with DDSN's progressive disciplinary policy, and/or possible legal action.
- I agree to abide by DDSN's Acceptable Use of Network Services and the Internet policy.

Employee Name (Printed)

Employee Signature

Date: _____